

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

ADDRESS (number and street)

26220 ENTERPRISE COURT

☐Check if different
than previously
reported. (ACC)

LAKE FOREST

CA

92630

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00240218

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RAOUL SMYTH

Signature of Treasurer

Electronically Filed by RAOUL SMYTH

Date

07

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		55933.65
(b) Cash on Hand at Beginning of Reporting Period	62673.65	
(c) Total Receipts (from Line 19)	15535.00	31775.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78208.65	87708.65
7. Total Disbursements (from Line 31)	500.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77708.65	77708.65
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11145.00	14920.00
(ii) Unitemized	4390.00	16855.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15535.00	31775.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15535.00	31775.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15535.00	31775.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15535.00	31775.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	5000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	5000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	500.00	10000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	10000.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15535.00	31775.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15535.00	31775.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Robert Allen

Mailing Address 7893 S Argonne Ct

City

Centennial

State

CO

Zip Code

80016-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

EVP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11298

Amount of Each Receipt this Period

600.00

Payroll Deduction

(\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Thomas J. Barron

Mailing Address 48 Summit Ave

City

Quincy

State

MA

Zip Code

02170-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11294

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Robin Barton

Mailing Address 23082 Mullin Rd

City

Lake Forest

State

CA

Zip Code

92630-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP, Revenue Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11209

Amount of Each Receipt this Period

450.00

Payroll Deduction

(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Doreen R Bellucci

Mailing Address 2 Brigmore Aisle

City

Irvine

State

CA

Zip Code

92603-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11210

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

James C Bowers

Mailing Address 256 Aerie Ct

City

Roseville

State

CA

Zip Code

95661-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11212

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Richard D. Brady

Mailing Address 9910 Camberly Ct

City

Granite Bay

State

CA

Zip Code

95746-6653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: 240-P11187

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Mark A Centolella

Mailing Address 8304 Codys Cors

City

Cicero

State

NY

Zip Code

13039-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11214

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Danny R. Claycomb

Mailing Address 6301 Shea Pl

City

Highlands Ranch

State

CO

Zip Code

80130-8026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

SVP, IV Billing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11308

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kirby Combs

Mailing Address 320 Urbano Dr

City

San Francisco

State

CA

Zip Code

94127-2869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11215

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

William F. Comer

Mailing Address 8350 SW Sexton Mountain Ct

City

Beaverton

State

OR

Zip Code

97008-7476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

VP, Federal Health Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11297

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City

Fullerton

State

CA

Zip Code

92831-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Real Estate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11295

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Howard Derman

Mailing Address 1 Faith

City

Irvine

State

CA

Zip Code

92612-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

EVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11309

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Carl M. Fink

Mailing Address 12005 Starview Ct

City

Potomac

State

MD

Zip Code

20854-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

VP, Outcome & Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11310

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Stephen L Foreman

Mailing Address 5 Hempstead St

City

Ladera Ranch

State

CA

Zip Code

92694-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ancillary Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11218

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City

Irvine

State

CA

Zip Code

92602-0757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11219

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Lisa M Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Govt Rel/Invst Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11220

Amount of Each Receipt this Period

450.00

Payroll Deduction

(\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven D Gradwell

Mailing Address 1549 W Saltsage Dr

City

Phoenix

State

AZ

Zip Code

85045-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11221

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael A Graves

Mailing Address 7430 Lombardi Dr

City

Plainfield

State

IN

Zip Code

46168-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir, Enteral Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11223

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Daniel E. Greenleaf

Mailing Address 4550 E Perry Pkwy

City

Greenwood Village

State

CO

Zip Code

80121-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11311

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City

Greenwood

State

IN

Zip Code

46143-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11224

Amount of Each Receipt this Period

270.00

Payroll Deduction

(\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael E. Harper

Mailing Address 69818 Camino Pacifico

City

Rancho Mirage

State

CA

Zip Code

92270-1871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
VP, Employee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11299

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Paul L Heuvel

Mailing Address 15200 S. Lakeshore Drive, #235

City

Tempe

State

AZ

Zip Code

98528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Customer Care Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11225

Amount of Each Receipt this Period

240.00

Payroll Deduction

(\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robert S Holcombe

Mailing Address 38 Oakbrook

City

Coto de Caza

State

CA

Zip Code

92679-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11226

Amount of Each Receipt this Period

450.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Shari A. Jeter

Mailing Address 9867 W Berry Dr

City

Littleton

State

CO

Zip Code

80123-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Contacts Center Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11271

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Christopher A. Karkenny

Mailing Address 732 The Strand

City

Hermosa Beach

State

CA

Zip Code

90254-4457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
EVP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11301

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Anthony R. Kilgore

Mailing Address 3050 Henry Ln

City

Lake In The Hills

State

IL

Zip Code

60156-6761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11273

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City

Littleton

State

CO

Zip Code

80127-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11228

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Melissa Leone

Mailing Address 150 Bear Path Rd

City

Hamden

State

CT

Zip Code

06514-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11276

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey R. Lyons

Mailing Address 11320 W 136th St Apt 416

City

Overland Park

State

KS

Zip Code

66221-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11277

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Winborne T Macphail

Mailing Address 4406 Staghorn Ct

City

Greensboro

State

NC

Zip Code

27410-8285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11229

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Lawrence Mastrovich

Mailing Address 5 Flax Ct

City

Coto de Caza

State

CA

Zip Code

92679-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 235-P10709

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City

Irvine

State

CA

Zip Code

92606-0855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11280

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mary K. McHugh

Mailing Address 1011 Ashwood Ln

City

Medina

State

OH

Zip Code

44256-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

RVP, Infusion Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11302

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Michael L McKinney

Mailing Address 209 Nunzia Ct

City

Roseville

State

CA

Zip Code

95661-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11230

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

George G. Meadows

Mailing Address 1319 Forest Trails Dr

City

Castle Rock

State

CO

Zip Code

80108-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

Sr. VP, Managed Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11315

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Dean W. Milligan

Mailing Address 521 Andalusian Rd

City

Schwenksville

State

PA

Zip Code

19473-1882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11283

Amount of Each Receipt this Period

360.00

Payroll Deduction

(\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City

Anthem

State

AZ

Zip Code

85086-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11231

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Sarah E. O'Grady

Mailing Address 2354 Cobble Hill Ter

City

Silver Spring

State

MD

Zip Code

20902-7625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram

Occupation

Director, Project Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11222

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Dena R Parker

Mailing Address 18 San Marco

City

Aliso Viejo

State

CA

Zip Code

92656-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr. VP, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11233

Amount of Each Receipt this Period

450.00

Payroll Deduction

(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Norman C. Payson

Mailing Address 453 Beech Hill Rd

City

Hopkinton

State

NH

Zip Code

03229-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11303

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven E. Pharr

Mailing Address 2408 Silverstone Ln

City

McKinney

State

TX

Zip Code

75070-5520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

RVP, Infusion Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11304

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark A Pietrow

Mailing Address 13205 Granada Dr

City

Leawood

State

KS

Zip Code

66209-4182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: 240-P11124

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Michael Polgardy

Mailing Address 57 Pathstone

City

Irvine

State

CA

Zip Code

92603-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11286

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Peter C Racine

Mailing Address 32 Las Pisadas

City

Rancho Santa Marg

State

CA

Zip Code

92688-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Supply Chain Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11235

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Norma G. Reynard

Mailing Address 744 W Juniper Ln

City

Litchfield Park

State

AZ

Zip Code

85340-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division Revenue Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 0

Transaction ID: 237-P10954

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 21 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City

Eighty Four

State

PA

Zip Code

15330-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11236

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Garrett Y Saito

Mailing Address 28 Flintstone

City

Aliso Viejo

State

CA

Zip Code

92656-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11237

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11238

Amount of Each Receipt this Period

360.00

Payroll Deduction

(\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Scott M Sasserson

Mailing Address 13 Willowglade

City

Trabuco Canyon

State

CA

Zip Code

92679-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

SVP, Customer Care Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11239

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Richard H. Scholl

Mailing Address 7 Slater Dr

City

Stony Point

State

NY

Zip Code

10980-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division Respiratory Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11288

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

David C Sears

Mailing Address 119 Cobham Lane Roa

City

Cabot

State

PA

Zip Code

16023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11240

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

David L. Slack

Mailing Address 17076 Birds Eye Dr

City

Perris

State

CA

Zip Code

92570-7376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Network

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11290

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Raoul Smyth

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11241

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City

Orange

State

CA

Zip Code

92869-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Business Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11243

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City

Coto de Caza

State

CA

Zip Code

92679-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11244

Amount of Each Receipt this Period

450.00

Payroll Deduction

(\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Deanna P Thompson

Mailing Address 177 Montalvo Rd

City

Redwood City

State

CA

Zip Code

94062-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11245

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Barbara S Underwood

Mailing Address 370 Oakwood Ct

City

Palatine

State

IL

Zip Code

60067-7729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division Customer Serv Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11246

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Scott R Van Hoose

Mailing Address 191 University Blvd # 817

City

Denver

State

CO

Zip Code

80206-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11247

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jay C Wendt

Mailing Address 4112 Church Hill Ln

City

Crystal Lake

State

IL

Zip Code

60014-6522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11250

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Julie Williams

Mailing Address 9827 Donegal Dr

City

Dallas

State

TX

Zip Code

75218-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

Director, Ambulatory Infctve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 241-P11313

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Mary F. Zega

Mailing Address 10346 Alveston St

City

Orland Park

State

IL

Zip Code

60462-3072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

SVP, Infusion Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: 241-P11305

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

11145.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

KATHY DAHLKEMPER FOR CONGRESS

Mailing Address PO Box 1045

City
Erie

State
PA

Zip Code
16512

Purpose of Disbursement
Contribution to House Candidate

Candidate Name
KATHLEEN DAHLKEMPER

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 239

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00